

from the
Executive Director



James T. (Jim)
Currie, Ph.D.,
Colonel, USA Ret.

Well, I was wrong again. I thought March would be my last *Frontline* column, but here I am again. The search for my successor is going well, but it is taking longer than anticipated. As I draft this column on 25 March, we're still a few days away from the final round of interviews of the candidates who have emerged for the Executive Director position. There are four candidates remaining of more than 100 who applied for the job. Our search firm narrowed the applicants to seven, all of whom we interviewed via Zoom. We had planned to interview the finalists in person, but the corona virus and meeting restrictions intervened, so we are doing all the interviews remotely. I'll finish this column before we complete the interviews, and you will undoubtedly have learned the name of my successor before the April issue of *Frontline* is posted on our website or reaches you through the mail.

see **EXECUTIVE DIRECTOR** on page 16

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USPHS Responds to COVID-19 Pandemic



President Donald Trump speaks in the James Brady Press Briefing Room of the White House flanked by USPHS officers staffing the coronavirus response team. Photo credit Joshua Roberts, Reuters.

by John McElligott

When America hears about the U.S. Public Health Service, something has gone wrong, sometimes terribly wrong. Like Clark Kent, who works by day as a mild-mannered reporter and becomes Superman when the public needs him, America's Health Responders work behind the scenes on day-to-day public health operations and are thrust into the spotlight during health emergencies. We are in one now and no American will forget the word coronavirus. The United States of America is lucky to have the USPHS Commissioned Corps on its COVID-19 response team.

Let's start at the beginning. The tiny virus responsible for the worldwide pandemic is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Corona is Latin for crown, which describes the crownlike spikes on the surface of the virus. Researchers trace its origin to Wuhan, capital of the Hubei province in the People's Republic of China. After the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), SARS-CoV-2 is the third strain of coronavirus which causes severe symptoms in humans. Coronaviruses start in animals like civets and bats and may mutate and pass from those animals to humans and then human to human transmission. SARS-CoV-2 was traced to a live animal market in the central city of Wuhan. Early

see **PANDEMIC** on page 11

COA Member Benefits

Capitol Hill Representation

Efforts on Capitol Hill continually support all Commissioned Corps officers – active duty and retired

Local Representation

COA Local Branches provide venues for meeting fellow officers and a forum for the discussion of issues within the Commissioned Corps

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Authorized to be worn on the PHS uniform by members in good standing when attending COA functions



Legislative Update PHS Ready Reserve: A Victory Lap and Heartfelt Thanks

by Judy Rensberger

As all PHS officers surely know, a PHS Ready Reserve is now authorized in federal law. It was approved by both chambers of Congress as part of the massive CARES (for “Coronavirus Aid, Relief, and Economic Security”) Act, then signed by President Trump on the afternoon of Friday, 27 March. First thing Monday morning, Jim Currie sent a detailed memo to all COA members, letting them know what had come together just 60 hours earlier, and what it all meant. (His message appears in this issue of *Frontline*; it’s also posted on the COA website)

Broad Support

This is a huge legislative win, so COA is happily taking the opportunity to holler from the rooftops. Most important, we want to thank all who made this win possible; these things do not just happen.

COA thanks our thirty-two organizational partners in The Military Coalition (TMC), our own PHS retirees, a wonderful assortment of health advocacy groups, and individual activists who jumped in to help get this measure enacted. Broad support was important to make sure the Senate-approved Ready Reserve bill, S. 2629, got into the Senate’s developing CARES package in the first place. Then

it was important to make sure that S. 2629 remained in the fast-moving CARES legislation. We did not want it to fall out or get shoved aside along the way. Such things can occur, as we learned ten years ago to our great dismay. (This is one reason why the federal legislative process is likened to sausage-making.)

COA Campaign

COA’s effort began in earnest with John McElligott, COA’s then-Deputy Executive Director. He took on the laborious process of identifying likely members of Congress--in both chambers and on both sides of the aisle--who might be interested in co-sponsoring a legislative proposal to establish a PHS Ready Reserve. He had to sell the concept to congressional staffers and then persuade them to sell the concept to their bosses. He did this one congressional office at a time, over a period of many months, when the issue was not on any federal lawmaker’s front burner.

Early on, McElligott had connected with ADM Brett Giroir, Assistant Secretary for Health, and Laura Pence, Deputy Assistant Secretary for Legislation (Discretionary Health), both with the U.S. Department of Health and Human Services. They were strongly supporting the concept of a PHS Ready Reserve.

see **LEGISLATIVE** continued on page 17

USPHS Ready Reserve Corps Signed Into Law

Great news! The U.S. Congress has passed, and the President has signed, landmark legislation that establishes a Ready Reserve within the U.S. Public Health Service Commissioned Corps.

This has been COA's top legislative priority for the past two years, and we have been working the issue hard, especially COA Government Relations Director, Judy Rensberger and former Deputy Executive Director, John McElligott (now Executive Director of the Maricopa County [AZ] Medical Society.)

It all came together on Friday, 27 March, after Congress passed, and the President signed, the massive CARES Act, the corona virus relief bill.

What the Senate did was to insert into this bill the text of S. 2629, the United States Public Health Service Modernization Act of 2019, which passed the Senate by voice vote on 9 January 2020. COA was instrumental in recruiting original sponsors for S. 2629 and its House counterpart. As of last week, the House had not taken up the Senate bill or passed its own measure out of committee, but that doesn't matter, since the language in both bills was included in the CARES Act.

If you want to see the language in the CARES Act, visit [Congress.gov](https://www.congress.gov) to find the text of H.R. 748, then scroll down to Sec. 3214, U.S. Public Health Service Modernization. If you want to see the text of S. 2629 to compare it, go to [Congress.gov](https://www.congress.gov) and search by bill number.

Here's how COA interprets the bill's language:

Previously, there were eighteen provisions of Title 10 that applied to the Commissioned Corps. This new Act adds three provisions from Title 10, including the following:

(19) Chapter 1223, Retired Pay for Non Regular Service

(20) Section 12601, Compensation: Reserve on active duty accepting from any person

(21) Section 12684, Reserves: Separation for absence without authority or sentence to imprisonment.

The language added to subsection (b) states, "For purposes of paragraph (19) of subsection (a), the terms Military Department, secretary concerned, and Armed Forces in such Title 10 shall be deemed to include, respectively, the Department of Health and Human Services, the Secretary of Health and Human Services, and the Commissioned Corps."

This means that Chapter 1223, Retired Pay for Non Regular Service, of Title 10 is the ONLY chapter to which the Title 10 language applies. Essentially it paves the way for the establishment of a Ready Reserve, and for those reserve officers to receive retirement pay, even if their entire service was not on Active Duty.

It does not militarize the PHS or make PHS officers members of the armed forces, as some folks are theorizing.

These provisions will be incorporated into the U.S. Code as permanent law. It will then be up to the Assistant Secretary for Health and the Surgeon General to implement them. This language corrects what was probably a drafting error in the original Affordable Care Act that became law in 2010. That language error eliminated the PHS Reserve Corps.

COA will keep you informed when we learn how the language in the CARES Act will be implemented.

Thanks to all who supported COA's campaign to make this a reality.

**COA Salutes all USPHS
Officers for Responding
to the COVID-19
Pandemic.**

Stay healthy.





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April COA Board Chair

On the Frontlines, and in the headlines; History in the making



by CAPT Karen Munoz

Fellow COA members,

In the midst of the COVID-19 crisis, I imagine that all of us who have dedicated our lives to the medical field and various public health-related professions are frustrated and worried, yet, it is my wish that we are committed, hopeful, and determined. I send you all my heartfelt prayers that you and your's are safe and healthy as you read this.

As much as we all wish that none of this was happening, I am sure that you share in the pride that I am feeling when we see the leaders and representatives of the U.S. Public Health Service (PHS) on television almost daily, briefing the country, or educating Americans through various media programs about what they can do to keep themselves, their families, their loved ones, and their communities safe. In the early days of the spread of the virus, we saw retired RADM Ann Schuchat, COA's 2019 Health Leader of the Year, providing information as she stood beside our national leaders, representing the Centers for Disease Control and Prevention (CDC).

Later, and in current briefings, we regularly hear from ADM Brett Giroir, the Assistant Secretary for Health, who was tasked as the lead of the COVID-19 testing efforts across the United States. Current Surgeon General, VADM Jerome Adams has appeared on numerous television

and radio

programs reaching out to various audiences and trying to connect with them to dispel myths and provide factual, down to earth information. We have seen him at the daily White House Briefings, Good Morning America, on Live PD, and have heard him on countless radio shows to include the David Webb show on SiriusXM Patriot Radio, Outkick the coverage with Clay Travis on Fox Sports Radio, and many others. He is leaning in to provide information to Americans from all walks of life with various interests in order to get the message out and convince Americans to do their part to help "flatten the curve". And who can forget that Sunday afternoon, on March 15th, when the Presidential podium was surrounded by a large group of PHS Officers, all proudly standing in their blue Operational Dress Uniforms (ODUs). (By order of the ASH, the same uniform, the ODU, is being worn daily by PHS officers around the country since the beginning of February, displaying a readiness stance and a unified appearance.) Some anchors referred to the group as "some members of the military", as they took their positions behind the podium, and evidently one anchor said, "Here comes the Coast Guard". But at some point in the press conference, Secretary of Health and Human Services, Alex Azar, gave great credit to the "people in blue" standing behind him. "I just wanna talk especially

see **BOARD** continued on page 8

We Need Your COA Membership Renewal Now!

by Col. Jim Currie, USA (Ret.)

COA memberships are down this year because of the postponement of the Symposium for 2020. Many officers re-join COA so they can get the discount to attend the Symposium. With the postponement made necessary by the current pandemic, officers are not renewing as usual, and our income stream is hurting. About eighty percent of COA's income is derived from membership dues, so we are in danger of going into the red this year unless you renew. COA's expenses have remained the same, despite the Symposium's postponement, so we need your help. Please consider just some of the things COA has done for you:

- Persuaded Congress to amend existing law so you could transfer your GI Bill benefits to a spouse or child
- Persuaded Disney to give you the same Disney World discount they give to the armed forces
- Persuaded Lowe's Home Improvement to give you the same discount they give to the armed forces
- Persuaded the VA to include you in the Veteran ID Card program
- Persuaded Wreaths Across America to include the USPHS in its program
- Persuaded Priceline to open American Forces Travel to PHS officers
- Joined the Veterans Day National Committee so that you are now represented at Arlington National Cemetery on both Veterans Day and Memorial Day

Please consider renewing your COA membership for this fiscal year. We need your help if we are going to remain solvent and continue to work for you without diminution.

Contact Donna Sparrow if you have a problem or question about renewal. Donna is available at dsparrow@coausphs.org or by phone at 301-731-9080.

Why Support COF?

"If your actions inspire others to dream more, learn more, do more, and become more, you are a Leader." – John Quincy Adams

You can help to lead the advancement of public health in America with your financial contribution to the PHS Commissioned Officers Foundation. COF continues to support these high-impact programs:

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- Disaster Relief Fund: timely assistance to USPHS officers in times of need
- Dependent Scholarship Program: college scholarships for USPHS dependents studying fields related to the USPHS professional categories
- RADM Mishoe Believe Scholarship: grants to support underrepresented minority students in college
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Shine the Light on Hand Washing

by LCDR Yen Anh Bui

The Uniformed Services University of the Health Sciences (USUHS) provides an education in health and sciences. The university's unique mission is to educate health professionals dedicated to serve the nation through the Department of Defense and the United States Public Health Service. The USUHS Health and Wellness Fair is a single-day event to support personal wellness such as adopting a growth mindset, balancing academics/work and outside activities, maintaining good sleep habits, making time to exercise, and maintaining good nutrition.

The first wellness fair held in March 2019 was a big success with more than 300 attendees. Using last year's model, USUHS collaborated with the Public Health Service Prevention through Active Community Engagement (PACE) to promote and educate with topics such as healthy eating, tobacco cessation, opioid and naloxone training. Sadly, as the concern about COVID-19 began to elevate, the decision was made to postpone the fair. However, USUHS decided to arrange for a mini fair with the Occupational Health table to provide information about COVID-19 and staff a hand-washing demonstration table from PHS. With many officers being deployed, the DC Metro Surgeon General Education Team (SGET) put out a call for volunteers. LCDR Bui responded for this event. Although the fair was cancelled, the hand washing station welcomed visitors, including



the facility dog, LCDR Shetland who showed up for a paws-on lesson!

Using the hand washing kit, LCDR Bui demonstrated the proper hand-washing technique. First, she put the Glo Germ gel on the visitor, which simulated what germs look like on their hands. Then the visitor proceeded to wash their hand as normal and come back for a hand check under the dreaded UV light. The visitors were confident that they had good hand-washing technique but were shocked to see how many "germs" still reside in the crevasse. LCDR Bui emphasized the importance of frequent and proper hand-washing technique with soap and water for twenty seconds, focusing on those commonly-missed

areas, such as under the nails, under jewelry and on wrists. If soap and water are not available, then an alcohol-based hand sanitizer containing at least 60% alcohol is recommended according to CDC guidelines.

All the visitors thought the information was helpful and relevant as we all try to combat the COVID-19 outbreak and prevent community spreading. Additionally, LCDR Bui asked those that participated in the hand washing demonstration to help spread the message. Hand hygiene such as cleaning hands with soap and water or using hand sanitizer is a critical step to avoid getting sick and preventing spreading germs.

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about the people in blue behind me...
These are America's public health heroes."
See the clip here, with Secretary Azar's
comments beginning at 45:43.

<https://www.youtube.com/watch?v=8-2wqD1Ltf8>

Finally, Dr. Anthony Fauci, now America's most recognized infectious disease expert, is a retired RADM of the U.S. Public Health Service, and was COA's Health Leader of the Year in 1988.

Throughout the last two months, we have also seen the PHS in many newspaper articles, as teams of PHS Officers have participated in deployments that included screening of passengers at various airports, caring for evacuated passengers from several cruise ships, serving Americans repatriated from foreign countries after the travel ban was instituted, assisting at a Washington State nursing facility stricken by the virus, leading and facilitating community based drive through testing sites, and responding in countless ways big and small to this horrible pandemic.

We also know that other officers, in their daily duties respond by performing research, contact tracing, epidemiology and many other less publicized contributions. A case study in the New England Journal of Medicine, on the first coronavirus positive patient in Washington state, was primarily authored by our own member, LCDR Michelle Holshue, a PHS nurse. Other Active Duty PHS Officers

deployed to Japan on a mission to learn about treatment of critically ill coronavirus patients with compassionate use of remdesivir, and have brought valuable knowledge back with them to the United States.

The leaders of the PHS, and COA's active duty and retired members have never been more visible to the American public, and our beloved service has never, in recent memory, received so much public attention. A story published the day after the March 15th television appearance, highlighted in "The Mighty", had a few factual errors, but for someone learning about the PHS via Google, it was a valiant effort and we truly appreciate the author, Tessa Robinson, for her story, What is the PHS?. In April, Jim Currie of COA assisted Tom Jurkowsky of MOAA by providing information used in an op-ed in "The Hill" magazine, entitled, Protect a national treasure: The US Public Health Service. MOAA's Laural Hobbs also highlighted the readiness of the Commissioned Corps to take on the virus in a February piece.

And in this surreal time, officers are reporting that airline agents who previously scoffed at them are now providing free baggage and extra courteous treatment to deploying officers. Imagine that!

On the other hand, numerous articles have been written about field hospitals such as the one at the Javits Center in New York, the Convention Center in Detroit, and other field hospitals, listing the US Army, the National Guard

or "FEMA" as participants, but rarely mentioning the Public Health Service, despite officers appearing in the photos. The branches of the Armed Services have huge Public Affairs teams, consistently proclaiming their achievements and contributions, but we are fully aware that requires training, funding, and infrastructure. My hope is that someday, the PHS will be afforded a larger budget with which to educate, communicate, and recruit. All this publicity may seem like a double edged sword, because suddenly everyone knows who the United States Public Health Service is, and with increased visibility, there is always increased scrutiny. But that of course, should not intimidate the professionals of the Public Health Service, for they are truly making America proud.

When this pandemic passes, (and we will work hard and pray hard that it does), will everyone forget about PHS? Experience tells us that America has a very short memory - will PHS be relegated to the shadows once again? Will COA have to convince the airlines that our service members are just as worthy of the courtesies afforded to other uniformed services? Will COA have to continue to remind our legislators to include PHS in the language of any bills, acts, and resolutions affecting "the military"? I suppose time will tell. But for 69 years, COA has been standing beside the active duty and retired officers of the Commissioned Corps, and will continue to do so far into the future.

Letter to COA

Just got the email about the reserve corps provisions being incorporated into last week's mega-bill. Congratulations to you and your colleagues at COA. It's sad that it takes an acute public health crisis to make congress pay attention to the USPHS.

Steve Fox
Captain, USPHS, Retired

Lifetime Member, COA

Capitol Hill Staff: Working Issues Behind the Scenes

When the U.S. Congress gets important things done, the role of Congressional staff is widely appreciated but rarely acknowledged. The job of staff is to bring issues of public policy to the attention of their bosses in the U.S. Senate and House of Representatives, handle communications with various constituencies, draft appropriate legislation and promote its passage, then fade quietly when it's time to roll the credits.

Their job is difficult in the best of times, but unimaginably more so in the context of a new and virulent disease that has caused incredible sickness and death worldwide.

For their efforts in support of a PHS Ready Reserve, COA

acknowledges and thanks 36 outstanding professionals who work behind the scenes on Capitol Hill. In alphabetical order, they are:

Elizabeth Allen, Sarah Bender, Nora Blalock, Jacquelyn Bolen, Garrett Boyle, Betsey Coulbourn, Sarah Curtis, William Dent, Robert Dougherty, Alex Eveland, Emma Farrow, Andi Fristedt, Rachel Fybel, Jonathan Grabill, Megan Herber, Taylor Hittle, Max Huntley, Debbie Jessup, Josh Jorgensen, Sylvia Lee, Amanda Lincoln, Emily Mace, Ben Mallott, Kelsey Mishkin, Mary Moody, Casey Patchunka, Alyssa Penna, Suzi Plasencia, Kristen Shatynski, Donald Pollard, Andrew Rothe, Calli Shapiro, Kristen Shatynski, Steven Schultz, Saundra Shropshire, and Hanna VanHoose.

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PANDEMIC from page 1 reports did not show what we now know is a highly transmissible coronavirus.

PHS on the *Frontlines*

Since those early days of the virus, Public Health Service officers have been in the mix. Like the newsletter *Frontline* implies, they are on the *Frontlines* caring for patients in the Indian Health Service, Bureau of Prisons, U.S. Coast Guard, ICE Health Service Corps, and elsewhere. They are staffing emergency operations centers, manning ports of entry, providing guidance to state and local health officials, and speaking to the nation in the White House press briefing room.

Officers and their civilian colleagues are working overtime at the FDA to fast track approval of medical products, ensure our food supply remains safe, and issue emergency use authorizations for personal protection equipment and ways to decontaminate such PPE.

Indian Health Service facilities provide care to over 2.5 million American Indians and Alaskan Natives. However, the system of hospitals and clinics had just 33 intensive care unit (ICU) beds and 81 ventilators at the onset of the pandemic. Chronically underfunded, the Indian Health Service was risking a break under the weight of coronavirus. In response, HHS/CDC agreed to send \$80 million in supplemental funding to tribes.

As of early April, there were over 173,000 total federal inmates in the Bureau of Prisons system. On a good day, caring for the health of federal inmates is difficult. During the COVID-19 response, PHS officers staffing facilities and drafting policy have modified operations. This includes suspending most internal movement of inmates and placing in isolation inmates with COVID-19 symptoms and a fever. Ensuring patients continue to access their medications and treat chronic illnesses remains a high priority for the doctors, nurses, pharmacists, therapists, and other health professionals in BOP.

Another group of PHS officers who really increased their workload is the CDC team. They have been staffing emergency operations centers 24/7 and churning out guidance for state and local health departments regarding the science of SARS-CoV-2 and prevention of the virus transmission. PHS officers are augmenting



USPHS officers working in the CDC Emergency Operations Center in Atlanta during the COVID-19 pandemic. Photo credit CDC.

epidemiology and surveillance efforts, helping to coordinate increased testing, and get supplies from the Strategic National Stockpile to states and territories for distribution.

The incredible work of all PHS officers is enough to make your head spin. The requirement for PHS officers to remain nimble and prepared to act as America's Health Responders is playing out during the worst pandemic in decades. PHS officers are rising to the challenge.

Lessons Learned

We always need a hot wash or after-action report to examine what was supposed to happen, what did happen, and suggestions to improve going forward. Check your ego at the door and invite constructive criticism. Include everyone in the process, from the C suite admirals to the newbie ensigns and even the janitors in your agencies. Yes, the janitors cleaning your offices and bathrooms were integral to the response effort. Include them in the discussion.

Here are some of my takeaways from the pandemic response.

Fund Public Health: Americans have learned a lot more about the public health system and its chronic underfunding and understaffing. I hope counties, states, and the federal government put in place stronger systems which can handle both the next infectious disease outbreak and the normal disease prevention and treatment options for the

leading causes of death in the country, namely heart disease, cancer, chronic lower respiratory diseases, accidents, stroke, etc. It may take a while for government to have enough funds, but our friends and neighbors now see why they're needed. Just as we fund roads and parks, people see the "public" piece of public health.

Communicate Early and Often: This includes speaking with foreign health systems, including the World Health Organization, to share more surveillance data early in an outbreak. Then, we need leaders to trust the information being shared about new outbreaks and take it seriously. While we don't want to "cry wolf" whenever a small cluster of something new happens, we should follow the experience of South Korea and react swiftly and decisively as one nation when it is clear an outbreak could have big impacts on America.

Test, Test, Test: I heard too many health leaders say they made decisions blindfolded because the lack of coronavirus tests gave them an incomplete picture of suspected cases. That situation moved counties and states and, eventually, the federal government past containment of the virus. It was moot. We shifted to flattening the curve, trying to convince young and healthy Americans that they, too, were at risk. We learned more tests are needed early in similar outbreaks.



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**- Elizabeth Novy
current student**

PANDEMIC from page 11

Restock the National Stockpile: Wow! When paranoia set in, average Americans who didn't need medical supplies started hoarding them. The country needs more personal protective equipment for doctors and nurses and other clinicians on the *Frontlines* caring for their patients during a crisis. Striking the balance between having too much on hand and too little is difficult. Err on the side of having too much.

Create the Future of the Corps: The U.S. Department of Health and Human Services should go all in for the USPHS Commissioned Corps. Lobby for line item funding. Create a real force management system and control the movement of personnel. Expand billets. Hire recruiters and use them to put health professionals in uniform, whether Regular Corps or Reserve Corps. Like the National Guard, put more USPHS officers in county and state health departments to build local capacity and strengthen support for the Corps. Market yourselves. Hire public affairs professionals to assist officers who speak with the media and encourage them to do so.

Value Yourselves: I have seen esprit de



CAPT Jennifer McQuiston speaks during a press briefing in San Antonio regarding a person quarantined at JBSA-Lackland for COVID-19. Photo credit Kin Man Hui, San Antonio Express-News.

corps in the USPHS erode. With special pay disruptions and changes to personnel policies, valuable service members were leaving the Corps and applicants were rethinking their choice to join. The nationwide response to the COVID-19 pandemic has brought people together and shone a spotlight on the

world's only uniformed service dedicated to public health. Pat yourselves on the back for what you do every day. America values your service. Bring that sense of purpose back to your day job and share it like a virus. Infect others with your pride in the uniform.



COA thanks the following U.S. Representatives and Senators for sponsoring the United States Public Health Modernization Act of 2019. It was signed into law by President Trump, as part of the CARES Act.

COA thanks Senators Mike Rounds (R-SD), Doug Jones (D-AL), and Patty Murray (D-WA). COA also thanks Representatives Michael Burgess (R-TX-26), Anna Eshoo (C-CA-18), Lisa Blunt Rochester (D-DE-At Large), Denny Heck (D-WA-10), Gus Bilirakis (R-FL-12), Greg Walden (R-OR-2), Lauren Underwood (D-IL-14), and Ted Lieu (D-CA-33).

We Fight Too: a spoken word poem

by CAPT Karen Munoz

Last summer, at the first ever PHS Birthday Ball, held in July, 2019, I narrated a spoken word poem that I wrote, entitled, "We Fight Too!" I was planning on performing that spoken word poem at this year's Annual Scientific and Training Symposium in Phoenix, AZ, but since the event has been postponed due to the Coronavirus pandemic, and since tomorrow is never promised, I have included it here for you to read. I have also recorded and posted it on the National COA's Local Branch YouTube channel; if you'd like to find it, search for "PHS #WeFightToo".

I never could have imagined that less than a year later, we really truly would be in a fight for our lives. That we would be on the front lines of a battle that has invaded us on our homeland. Throughout this pandemic there is no doubt, and in my humble opinion there should never be any doubt in anyone's mind that the United States Public Health Service is indeed a valuable and necessary fighting force for our country, and an important part of our National Security, for without health - we have NOTHING. Yes, indeed, #We fight too!

I thank you for all that you are doing for your Country, and I pray that you are protected and watched over. Please enjoy the poem.

#WeFightToo

Last summer, on the 4th of July there was a grand celebration on the National Mall in honor of our military, highlighting their strength and their might, showing quite clearly that we are ready for any fight.

As I watched that display it took me back in time - to elementary school - when

I was the nerdy kid on the playground, standing in the corner, the last one chosen for the third grade dodgeball team, the last to be called from the line. I was no good at sports, I was not strong, I was not big, I was not athletic, so...

As I watched those F-22 Raptors, the Hornets and Ospreys, Apache Helicopters, Air Force One and Blue Angels in their glory and power, I started thinking to myself ...

how do WE...

fit in... to all of this?

How do WE, serving OUR nation in uniform, the FEWER, the PROUD, the PHS . .

How do WE gain respect and admiration for who we are and what we do?

Well, I thought to myself ... We fight TOO! We fight a GOOD fight.

Our weapon is knowledge, and science is our fortress.

Our tools are caring, compassion, a skillful hand, a patient ear, a soft shoulder...

Data, evidence, and peer review.

I thought about how in the history of the world, disease has killed more human beings than all the wars combined and I thought of some of the victories in public health they have been led by OUR service ... from solving the mystery about the cause of pellagra, Rocky Mount spotted fever, Hanta virus, yellow fever, Hansens disease, HIV, eradicating smallpox and nearly eradicating measles in the United States.

You see... You fight too! You fight a GOOD fight! You fight for GOOD. Every.

Single. Day.

You fight against health disparities that are allowing minority mommas to die before they can cradle their sweet babies in their arms. You fight for safe drugs and medicines, you fight for safe foods, safe water, safe workplaces, and safe medical devices like that artificial knee that allowed your grandpa to continue to take you to those baseball games.

I thought about RADM Richard Child's and his team at NIH who do blood stem cell transplants and give hope to little girls and their families who thought that all hope was lost.

You fight too! You fight a GOOD fight! You take care of the least among us.

You care for the imprisoned, whether wrongly or rightly... You care for the immigrants, the refugees, the children... the addicted, the aged, those affected by disaster, and those affected by despair. You care for Native Americans across the country in locations big and small, near and far.

We're scattered all over the world investigating diseases, helping curb the spread of Ebola and HIV and teaching nations the lessons that we've learned. You study data to help combat Medicare fraud in order protect precious health care dollars. You ensure that nursing homes are caring for our elderly with safety and dignity, for they are more precious than those dollars. You work with our sister services to provide mental health care to our fellow Warriors who also fight! Every. Single. Day.

You fight too! You fight a GOOD fight! And if anybody tells you that you don't fight for FREEDOM . .well consider this.

If you've ever studied Maslow's hierarchy of needs you know that without physical and mental health, you cannot embark upon that pursuit of happiness that is promised in our Nation's Declaration of Independence, for poor health can be a prison sentence and for many, it is a life sentence. So YES! You fight for freedom too.

You fight too! You fight a GOOD fight! I think about Kelly Fath, a nurse who is the only healthcare provider on a NOAA ship out in the Atlantic Ocean - a ship that helps predict the next hurricane, to which we too, will respond.

You fight too! You fight a GOOD fight! You should be proud, and you should be loud, you should shout it from the rooftops, tell your hometown newspapers, and send it to the COA *Frontline*.

You should share the good news about who we are and what we do with every one that will listen to you!

Because #We Fight Too! We fight a GOOD fight.

And if the big kids on that playground knew how amazing you were, then they would invite you to that dodgeball game. They'd welcome you and appreciate you and listen to you, and let you teach them, and let you lead them, because you are PUBLIC HEALTH WARRIORS, you are AMAZING - and YOU FIGHT TOO!

Say it with me now... We fight too! We Fight a GOOD fight!!!!!!

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Bloodless death

Seen this image countless times
Seen the heartbreaks and tears

The late moon covered my leave
The selfless charge was to help others

It sweeps through us as a breeze
It cuts us down like a scythe

Myriad of old adult young alike
Die a loud, but bloodless death

Not in war, but chaos abounds
Stories we are told as it nears

Difficult to breathe as we wail
No end we see, but hope there is

This will pass, we will rebuild
Remember those that died serving

Sun sets, moon interlude, sun rises
Life goes on, we will again hug kiss

Regard and protect what we have
Grateful for air water dirt sun moon

Do not lament my death, heed my words
Celebrate life and learn well the lessons

My beloved patiently awaits my return
She never loses hope, we built dreams

I am next to her at the window always
Looking at our dreams as time passes

I dream of her sweet breath and whispers
I yearn to lose myself in her boundless eyes

Solace seeing her silky hair dance in the breeze
Solace caressing her sunbathed freckled skin

"Faustino Sarse" 2020
(Alfredo R Sancho)

EXECUTIVE DIRECTOR from page 1

The big news these days—indeed, virtually the only news these days—is the novel corona virus, COVID-19 as it is called, and our country's response to it. Like you, I have been pleased to see our top two leaders, ADM Giroir and VADM Adams, featured prominently in White House briefings on the virus. I have not been so pleased by the virtual news black-out on what so many of you are doing to respond to the pandemic. I have been frustrated by the lack of information about how many of you have been deployed to fight the virus, the locations to which you have been deployed, and the work that you are doing. It's not like there is some enemy out there that will be able to use that information to our detriment and we need to keep them in the dark. The virus is not a sentient being that can react to such information and develop plans to counter the deployed Commissioned Corps officers.

To the contrary, this is a golden opportunity to publicize the corps and let the American public at large know what you do when a public health emergency strikes. This is exactly what you were created for when the modern Public Health Service came into existence in 1889. It was established as a mobile corps of medical professionals who could go anywhere in the country to fight the public health disasters of the day, which largely meant outbreaks of yellow fever and cholera in our port cities. Your mission and your composition have morphed since then, but “mobile corps of medical professionals” is how I would continue to describe you today.

I sometimes wonder just how much the American populace knew about you in the 19th and early 20th centuries. My guess is that unless they came into direct contact with one of your predecessors, either because they lived in a stricken port city, were treated at a Marine Hospital, or were one of the millions of immigrants who encountered a PHS officer at either Ellis Island or Angel Island, your forbears also flew under the radar. That should not be happening today.

We, meaning those who direct the Commissioned Corps, are missing a terrific opportunity to insinuate you into the American psyche. I get calls from

reporters most days of the week, as they are desperate for a new angle for a story about the virus. I have tried to help them, but we at COA are hampered by our lack of knowledge of what you are doing. I have referred some reporters to PHS headquarters, but when I suggest that as a source for them, I generally get a shrug. Reporters don't necessarily like the “spin” that comes with government sources. They much prefer to get their facts from someone who will tell them straight, warts and all. They want to talk directly with those on the ground. The Army makes that happen routinely, as does the Air Force and the Navy and the Marine Corps. The Marines are especially adept at such interactions. Every Marine is a rifleman, and every Marine is a PR specialist. I wish the PHS saw the press the same way.

My experience—and I have had many years of it—is that government PR folks are not going to reveal the warts. They are not going to tell “the whole story.” Everything they say is going to be positive, and few of them will admit to failures and shortcomings, no matter how obvious they might be. I write this not as a way of disparaging those who perform the public affairs function for government agencies and entities. The truth is, they probably would not remain in their jobs for very long if they told the whole truth about what was going on, shortcomings and all. I have yet to work for anyone who enjoyed seeing their failures, whether it was lack of planning, inadequate planning, or failure of execution, admitted to the public. “We screwed up big time” is not a phrase you are apt to hear from anyone in government or business.

I am not suggesting that we should advertise our failures and mishaps or that we should go out of our way to tell the press about them. Not at all. In my six years at COA I have not heard about too many failures on the part of the Commissioned Corps. The Special Pay debacle of 2018 comes immediately to mind, but I cannot think of another such screw-up that is newsworthy. What I mostly remember is the incredible work you have done in the literally hundreds of deployments you have undertaken since I came on board in April 2014. I remember

Ebola, and the shootings in Newtown, and the flooding in Houston, and the myriad of hurricanes in the Caribbean, and the children at the border, and the lead in the water in Flint. The list goes on, largely unknown and unrecognized. Health and Human Services did not even publicize the Presidential Unit Citation you received for your Ebola work or the Senate resolution that praised you as a Commissioned Corps. These omissions were particularly galling because these were big deals. Presidential Unit Citations are hardly ever given out, and this was the first time the Commissioned Corps had been so honored and recognized. I don't believe there have been many Senate resolutions, either.

Years ago, some genius at Health and Human Services decided to abolish the position of Historian for the Public Health Service. Many government agencies and departments have official historians whose responsibility is that of documenting the work and accomplishments of those who work there. The Defense Department has literally hundreds of historians doing so. And the bean counters at HHS decided that they could not afford even one person devoted to recording and preserving the history of what you do. Such short-sightedness is compounded by the lack of official effort to create in the news media of today what we call “the first draft of history,” that is, the public record of what you are doing as reported in the daily press. It is sometimes said that unless the folks on Capitol Hill know what you have done from seeing it in the news, you didn't really do it. I don't totally subscribe to that sentiment, but I can tell you that unless the members and staffers who control your survival understand what you do for our country, the Commissioned Corps will always be subject to the whims of folks like the unnamed OMB personnel who tried to cut your size by nearly forty percent a couple of years ago.

We have a wonderful opportunity today to trumpet what you are doing to stem this COVID-19 pandemic, and we should not allow this time and opportunity to pass with you remaining in the shadows.

Farewell. May you always have fair winds and following seas.

LEGISLATIVE from page 2

COA thanks the Administration for this critical, early buy-in.

In terms of congressional support, great bipartisan news came on 17 October 2019. Republican Sen. Michael Rounds of North Dakota introduced S. 2629 and, eleven days later, Rep. Michael Burgess, a Democrat, introduced H.R. 4870, its House companion. The Senate bill moved quickly; it was approved in January, and later swept into the developing coronavirus bill that became the CARES Act.

As COA and its allies tried to keep a protective eye on S. 2629, we also tried to work H.R. 4870, the House bill that was, word-for-word, identical to the language in S. 2629. We wanted House back-up in case the Senate version faltered. The thorny issue: at this late date, was it even possible that the House version could be rushed through the traditional committee process? Or leapfrogged over it? Apparently not, it seemed. But in the end, it didn't matter; the Senate version stayed firmly put throughout.

Congressional Honor Roll

In the U.S. House of Representatives, Rep. Michael Burgess, Republican of Texas (26th Congressional District) stepped up to serve as lead sponsor of PHS Ready Reserve legislation. He introduced H.R. 4870 on 28 October 2019. Fellow Republicans Gus Bilirakis, Florida, 12th CD, and Greg Walden, Oregon, 2nd CD, signed on as co-sponsors, along with Representatives Kay Granger, Texas, 12th CD; Rob Wittman, Virginia, 1st CD; Joe Wilson, So. Carolina, 2nd CD; Bruce Westerman, Arkansas, 4th CD, and Markwayne Mullin, Oklahoma, 2nd CD.

House Democrats who signed on early as co-sponsors included Representatives Anna Eshoo, California, 18th CD; Lisa Blunt-Rochester, Delaware (at Large); Denny Heck, Washington State, 10th CD; Lauren Underwood, Illinois, 14th CD, and Ted Lieu, Calif., 33rd CD. Joining them were fellow Democrats Jim McGovern, Mass., 2nd CD; Joe Kennedy, Mass., 4th CD; Ben Ray Lujan, New Mexico, 3rd CD; Lucille Roybal-Allard, Calif., 40th CD; John Larson, Conn., 1st CD; Julie Brownley, Calif., 26th CD; Jan Schakowsky, Illinois, 9th CD; Donald Payne, Jr., New Jersey, 10th CD; Doris Matsui, Calif., 6th CD; David Price, North Carolina, 4th CD; Raul Grijalva, Ariz., 3rd CD, and Ron Kind, Wisc., 3rd CD.

In the U.S. Senate, Sen. Michael Rounds, Republican of South Dakota, served as lead sponsor of PHS Ready Reserve legislation. He introduced S. 2629 on 17 October 2019. He was joined by Senators Doug Jones, Democrat of Alabama, and Patty Murray, Democrat of Wash. State. Other U.S. Senators joining them to support the legislation were Democrats Chris Van Hollen, Maryland; Kyrsten Sinema, Arizona, and Jon Tester, Montana. On the Republican side, co-sponsors included U.S. Senators Mike Enzi, Wyoming; Lisa Murkowski, Alaska; Bill Cassidy, Louisiana, and Johnny Isakson (now retired), Georgia.

As reported previously in *Frontline*, S. 2629 flew through the Senate on a voice vote on 9 January, thanks to Senate Majority Leader Mitch McConnell, Republican of Kentucky. The approved bill was now perfectly positioned to be included in the coronavirus legislation that no one yet knew was coming. (See Congressional Record, 9 January 2020, page 147). COA thanks them all.

Advocates' Honor Roll

COA thanks The Military Coalition (TMC), which asked Congressional leaders in both chambers and both parties to support a Ready Reserve within the U.S. Public Health Service. Some TMC member organizations went beyond that, following up with additional outreach to Congress.

COA thanks the American Dental Association (ADA), especially congressional lobbyist Jennifer Fisher, for actively promoting a PHS Ready Reserve issue from the get-go. (PHS dentists, please note.)

COA thanks the Nursing Community Coalition (NCC), its steering committee, and its Executive Director, Rachel Stevenson, for making a PHS Ready Reserve a key issue in their advocacy program. (PHS nurses, please note.)

COA thanks American Indian/Alaska Native Partners, especially Executive Director Judy Sherman, for being among the earliest and most ardent supporters of a PHS Ready Reserve. (PHS officers in the Indian Health Service, please note.) In Indian Country, a PHS Ready Reserve could help relieve the need for scarce PHS clinicians to leave their patients and duty stations in order to deploy.

Individual Honor Roll

Every so often, out of the blue, a public policy-savvy individual not directly connected to the PHS Commissioned Corps volunteers to help COA promote a legislative issue. This year, it was Jesse P. Samluk, a second-year law student at Widener University Law School in Delaware. He is a longtime member of ROA, and he has a PhD in electrical and computer engineering. Dr. Samluk offered to join the fight for a PHS Ready Reserve. He persuaded Delaware Congresswoman Lisa Blunt Rochester to co-sponsor the PHS Ready Reserve legislation in the House that eventually made its way into the CARES Act. Last year, Dr. Samluk worked within ROA to pass a resolution supporting a PHS Ready Reserve. That led, in turn, to an e-mail blast urging all ROA members to ask their own federal lawmakers to support a PHS Ready Reserve.

In the end, everyone who wanted to see a PHS Ready Reserve in federal law worked hard, and in the context of the frightening COVID-19 pandemic, to make it happen. COA gratefully thanks them all.

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We Welcome New Members of COA, March 1, 2020 to March 31, 2020

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LT Nicolett Miller

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LT Michael Mank

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